

***INSTRUCTIONS FOR CLAIMING
BROWNFIELD REDEVELOPMENT
PROGRAM REMEDIATION TAX
CREDITS & BROWNFIELD TAX
BENEFITS***

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**INSTRUCTIONS FOR COMPLETING
BROWNFIELD REDEVELOPMENT PROGRAM TAX BENEFITS
AND REMEDIATION TAX CREDITS APPLICATIONS**

FORM 447 INSTRUCTIONS

**“BROWNFIELD REDEVELOPMENT PROGRAM: APPLICATION FOR INITIALLY
CLAIMING BROWNFIELD TAX BENEFITS AND REMEDIATION TAX CREDITS”**

These instructions are for guidance only and do not state the complete law.

PROJECTS MUST HAVE BEEN APPROVED BY THE DEPARTMENT OF ECONOMIC DEVELOPMENT TO RECEIVE INCENTIVES FROM THE BROWNFIELD REDEVELOPMENT PROGRAM. AN APPLICATION CAN BE FOUND IN THE GUIDELINE BOOKET AVAILABLE FROM THE DEPARTMENT OF ECONOMIC DEVELOPMENT.

NOTE: COMPLETE AND FILE APPLICATIONS FOR REMEDIATION TAX CREDITS OR BROWNFIELD TAX BENEFITS. EACH APPLICATION MUST BE FILED SEPARATELY. FOR BROWNFIELD TAX BENEFITS THIS APPLICATION MUST BE FILED DURING THE TAX PERIOD IMMEDIATELY AFTER THE TAX PERIOD WHEN THE ELIGIBLE PROJECT OR BUSINESS WAS FIRST PUT INTO USE.

THIS FORM MUST BE COMPLETED BY OPERATORS/TAXPAYERS INITIALLY CLAIMING THE REMEDIATION TAX CREDITS OR BROWNFIELD TAX BENEFITS.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM, AND ANSWER ALL QUESTIONS, OR CERTIFICATION WILL BE DELAYED.

TO CLAIM REMEDIATION TAX CREDITS:

FOR COSTS PAID PRIOR TO AUGUST 28, 1998, ATTACH FORM 447-R, SCHEDULE EE, SCHEDULE SS, AND A COPY OF THE “NO FURTHER ACTION” LETTER OR COVENANT NOT TO SUE.

FOR COSTS PAID AFTER AUGUST 28, 1998, ATTACH FORM 447-R, SCHEDULE EE AND COPIES OF INVOICES AND CANCELLED CHECKS.

PLEASE NOTE: IF A BUSINESS (TAXPAYER) IS REQUESTING BROWNFIELD TAX BENEFITS BUT DOES NOT CREATE AT LEAST 10 NEW JOBS OR RETAIN AT LEAST 25 JOBS, DOCUMENTATION MUST BE SUBMITTED. THIS DOCUMENTATION MUST BE SIGNED UNDER PENALTIES OF PERJURY AND MUST LIST ADDITIONAL EMPLOYEES LOCATED AT THE ELIGIBLE PROJECT THAT WILL EQUAL OR EXCEED THE PROGRAM EMPLOYMENT CONDITIONS.

TAX PERIOD

Enter the tax period for which these tax benefits are being claimed. A separate application must be filed for each tax period. FOR BROWNFIELD TAX BENEFITS, DO NOT FILE BEFORE THE END OF THE FIRST TAX PERIOD. Brownfield tax benefits are claimed for the year in which they are earned. Requests for remediation tax credits should be filed after remediation costs are paid.

NAME AND ADDRESS OF THE ELIGIBLE PROJECT

Enter the name of the eligible project. The address must be the Missouri location where the development occurred. P.O. BOXES OR DRAWER NUMBERS ALONE WILL NOT BE ACCEPTED. **DO NOT COMBINE APPLICATIONS FOR MORE THAN ONE PROJECT OR BUSINESS ON THE SAME FORM. EACH MUST BE FILED SEPARATELY.**

CREDITS CEASE IF AN ELIGIBLE PROJECT MOVES FROM THE INITIAL QUALIFYING ADDRESS LISTED ON THIS APPLICATION.

IDENTIFICATION NUMBERS

Enter the ownership entity's, or if necessary, the eligible project's Federal Identification (FEIN) number, the taxpayer's FEIN number ONLY IF DIFFERENT, and the necessary Missouri Tax Identification Number.

NOTE: IF THE RETURN IS FILED UNDER ANOTHER FEIN NUMBER AND NAME, ATTACH THE OTHER NAME(S).

FOR BROWNFIELD TAX BENEFITS ONLY:

NAME AND ADDRESS OF THE BUSINESS

Enter the name of the business located at the eligible project. The address must be the Missouri location where the development occurred. P.O. BOXES OR DRAWER NUMBERS ALONE WILL NOT BE ACCEPTED.

DO NOT COMBINE APPLICATIONS FOR MORE THAN ONE BUSINESS ON THE SAME FORM. EACH MUST BE FILED SEPARATELY.

CREDITS CEASE IF A BUSINESS MOVES FROM THE INITIAL QUALIFYING ADDRESS LISTED ON THIS APPLICATION.

IDENTIFICATION NUMBERS

Enter the business's Federal Identification (FEIN) number, the taxpayer's FEIN number ONLY IF DIFFERENT, and the business's Missouri Tax Identification Number.

NOTE: IF THE RETURN IS FILED UNDER ANOTHER FEIN NUMBER AND NAME, ATTACH THE OTHER NAME(S).

ENVIRONMENTAL COMPLIANCE

(Item 1) – Schedule EE, "Certification of Environmental Compliance," must be attached to Form 447.

Complete all portions of the environmental compliance form. Schedule EE must be notarized. In order to receive remediation tax credits or Brownfield tax benefits, this form must be completed by the owner/operator of the eligible project.

For remediation tax credits claimed for costs paid prior to August 28, 1998, attach a copy of the "No Further Action" letter or covenant not to sue.

NAME AND MAILING ADDRESS

(Item 2) – If the operator/taxpayer wants the Certificate of Eligibility, as well as any correspondence regarding the tax credits to be mailed to a person and/or address OTHER than the eligible project's address provided above, enter the OTHER name and address in this space.

PERSON COMPLETING APPLICATION

(Item 3) – Enter the name, address and telephone number of the person who completed this application and WHO CAN ANSWER DETAILED QUESTIONS ABOUT THIS APPLICATION. This person will receive copies of all correspondence, including the Certification of Eligibility.

BUSINESS ENTITY

(Item 4) – Check the box which best describes this business entity FOR TAX PURPOSES. If the operator/taxpayer is a limited liability company, individual proprietorship, partnership or corporation organized under Subchapter S of the Internal Revenue Code, tax benefits will be apportioned among the owners, partners and shareholders in the same proportion as their share of ownership **ON THE LAST DAY OF THE TAX PERIOD.**

LIST THE NAMES, SOCIAL SECURITY NUMBERS AND PROPORTIONED SHARE OF OWNERSHIP OF EACH PARTNER OR SHAREHOLDER **ON THE LAST DAY OF THE TAX PERIOD.**

BUSINESS ACTIVITY

(Item 5) – Describe the commercial operations being conducted at the eligible project or business. BE SPECIFIC, e.g., manufacturer of women’s apparel.

REPLACEMENT

(Item 6) – If the operator/taxpayer claiming remediation tax credits or Brownfield tax benefits, or a RELATED TAXPAYER of the operator/taxpayer closed a facility in Missouri as a result of opening at this eligible project, check Item (6) “yes.” ATTACH A STATEMENT TO THIS APPLICATION EXPLAINING THE ACTIVITIES PERFORMED AT THE CLOSED BUSINESS PRIOR TO THE DATE THE BUSINESS CEASED OPERATING, AND INCLUDE A DETAILED ACCOUNT DESCRIBING THE NEED FOR RELOCATION. Include the date the former business closed.

“Related Taxpayer” means a corporation, partnership, trust, association or individual in control of, or controlled by the taxpayer. “In control of,” or “controlled by,” means 50% or more of ownership.

COMMENCEMENT

(Item 7) – Enter the day, month and year when this eligible project or business was first placed in use by the taxpayer. FOR BROWNFIELD TAX BENEFITS, THIS DATE MUST BE WITHIN THE TAXPAYER’S FIRST PERIOD FOR WHICH THE TAX BENEFITS ARE BEING CLAIMED.

MULTIPLE BUSINESSES

(Item 8) – If the operator/taxpayer claiming remediation tax credits or Brownfield tax benefits had interest in any other BUSINESS in Missouri (besides the eligible project or business located at the eligible project) AT ANY TIME DURING THIS TAX PERIOD, for which a SINGLE MISSOURI TAX RETURN IS FILED, check Item (8) “yes.” If Item (8) is “yes,” enter the names and federal identification number (FEIN) of other BUSINESSES FILING A SINGLE MISSOURI RETURN WITH THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THIS ELGIBLE PROJECT on Line (8a).

MULTIPLE BUSINESSES

(Item 9) – If the operator/taxpayer claiming the remediation tax credits or Brownfield tax benefits operated any other businesses in Missouri (besides the eligible project or business located at this eligible project) AT ANY TIME DURING THIS TAX PERIOD, for which a SINGLE MISSOURI RETURN IN FILED, check Item (9) “yes.”

EXISTING BUSINESSES

(Item 10) – If the operator/taxpayer claiming the remediation tax credits or Brownfield tax benefits operated any other business in Missouri (besides the eligible project or business located at the eligible project) IMMEDIATELY prior to the date entered in Line (7), check Item (10) “yes.”

(Item 10a) – If Item (10) was answered “yes,” describe the business activities operated at the other Missouri business(es). Be specific.

SIGNATURES

An unsigned application, form or schedule is invalid. The operator/taxpayer claiming the remediation tax credits or Brownfield tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date all applicable documents, subject to the penalties or perjury.

FORM 447-A INSTRUCTIONS

“BROWNFIELD REDEVELOPMENT PROGRAM: APPLICATION FOR SUBSEQUENTLY CLAIMING BROWNFIELD TAX BENEFITS OR REMEDIATION TAX CREDITS”

These instructions are for guidance only and do not state the complete law.

NOTE: THIS FORM SHOULD NOT BE COMPLETED FOR INITIALLY CLAIMING TAX CREDITS. THIS FORM MUST BE COMPLETED ONLY BY OPERATORS/TAXPAYERS SUBSEQUENTLY CLAIMING THE BROWNFIELD TAX BENEFITS OR REMEDIATION TAX CREDIT. IT MUST BE COMPLETED EACH YEAR THE BROWNFIELD BENEFITS ARE CLAIMED AFTER THE FIRST YEAR AND FOR EACH TIME REMEDIATION TAX CREDITS ARE CLAIMED AFTER THE INITIAL APPLICATION.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM AND ANSWER ALL QUESTIONS, OR CERTIFICATION WILL BE DELAYED.

TO CLAIM REMEDIATION TAX CREDITS:

FOR COSTS PAID PRIOR TO AUGUST 28, 1998, ATTACH SCHEDULE 447-R, ALL NECESSARY SCHEDULES, AND A COPY OF THE “NO FURTHER ACTION” LETTER OR COVENANT NOT TO SUE. FOR COSTS PAID AFTER AUGUST 28, 1998, ATTACH SCHEDULE 447-R, ALL NECESSARY SCHEDULES AND COPIES OF INVOICES AND CANCELLED CHECKS.

TAX PERIOD

Enter the tax period for which these tax benefits are being claimed. A separate application must be filed for each tax period. FOR BROWNFIELD TAX BENEFITS, DO NOT FILE BEFORE THE END OF THE FIRST TAX PERIOD. Brownfield tax benefits are claimed for the year in which they are earned. Requests for remediation tax credits should be filed after remediation costs are paid or when the Department of Natural Resources issues a “No Further Action” letter or covenant not to sue.

NAME AND ADDRESS OF THE ELIGIBLE PROJECT

Enter the name of the eligible project. The address must be the Missouri location where the development occurred. P.O. BOXES OR DRAWER NUMBERS ALONE WILL NOT BE ACCEPTED. **DO NOT COMBINE APPLICATIONS FOR MORE THAN ONE PROJECT OR BUSINESS ON THE SAME FORM. EACH MUST BE FILED SEPARATELY.**

CREDITS CEASE IF AN ELIGIBLE PROJECT MOVES FROM THE INITIAL QUALIFYING ADDRESS LISTED ON THIS APPLICATION.

IDENTIFICATION NUMBERS

Enter the ownership entity, or if necessary, the eligible project’s Federal Identification (FEIN) number, the taxpayer’s FEIN number ONLY IF DIFFERENT, and the necessary Missouri Tax Identification Number.

NOTE: IF THE RETURN IS FILED UNDER ANOTHER FEIN NUMBER AND NAME, ATTACH THE OTHER NAME(S).

FOR BROWNFIELD TAX BENEFITS ONLY:

NAME AND ADDRESS OF THE BUSINESS

Enter the name of the business located at the eligible project. The address must be the Missouri location where the development occurred. P.O. BOXES OR DRAWER NUMBERS ALONE WILL NOT BE ACCEPTED. **DO NOT COMBINE APPLICATIONS FOR MORE THAN ONE BUSINESS ON THE SAME FORM. EACH MUST BE FILED SEPARATELY.**

CREDITS CEASE IF A BUSINESS MOVES FROM THE INITIAL QUALIFYING ADDRESS LISTED ON THIS APPLICATION.

IDENTIFICATION NUMBERS

Enter the business's Federal Identification (FEIN) number, the taxpayer's FEIN number ONLY IF DIFFERENT, and the business's Missouri Tax Identification Number.

NOTE: IF THE RETURN IS FILED UNDER ANOTHER FEIN NUMBER AND NAME, ATTACH THE OTHER NAME(S).

ENVIRONMENTAL COMPLIANCE

(Item 1) – Schedule EE, "Certification of Environmental Compliance," must be attached to Form 447-A. Complete all portions of the environmental compliance form. Schedule EE must be notarized. In order to receive remediation tax credits or Brownfield tax benefits, this form must be completed by the owner/operator of the eligible project.

For remediation tax credits claimed for costs paid prior to August 28, attach a copy of the "No Further Action" letter or covenant not to sue.

NAME AND MAILING ADDRESS

(Item 2) – If the operator/taxpayer wants the Certificate of Eligibility, as well as any correspondence regarding the tax benefits to be mailed to a person and/or address OTHER than the eligible project facility's address, enter the OTHER name and address in this space.

PERSON COMPLETING APPLICATION

(Item 3) – Enter the name, address and telephone number of the person who completed this application and WHO CAN ANSWER DETAILED QUESTIONS ABOUT THIS APPLICATION. This person will receive copies of all correspondence, including the Certification of Eligibility.

BUSINESS ENTITY

(Item 4) – Check the box which best describes this business entity FOR TAX PURPOSES. If the operator/taxpayer is a limited liability company, individual proprietorship, partnership or corporation organized under Subchapter S of the Internal Revenue Code, tax benefits will be apportioned among the owners, partners or shareholders in the same proportion as their share of ownership **ON THE LAST DAY OF THE TAX PERIOD.**

LIST THE NAMES, SOCIAL SECURITY NUMBERS AND PROPORTIONED SHARE OF OWNERSHIP OF EACH PARTNER OR SHAREHOLDER ON THE LAST DAY OF THE TAX PERIOD.

MULTIPLE BUSINESSES

(Item 5) – If the operator/taxpayer claiming remediation tax credits or Brownfield tax benefits had interest in any other business in Missouri (besides the eligible project or business located at the eligible project) AT ANY TIME DURING THIS TAX PERIOD, for which a SINGLE MISSOURI TAX RETURN IS FILED, check Item (5) "yes." If Item (5) is "yes," enter the names and federal identification number (FEIN) of other BUSINESSES FILING A SINGLE MISSOURI RETURN WITH THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THIS ELIGIBLE PROJECT on Line (5a).

MULTIPLE FACILITIES

(Item 6) – If the operator/taxpayer claiming the remediation tax credits or Brownfield tax benefits operated any other businesses in Missouri (besides this eligible project or business located at this eligible project) AT ANY TIME DURING THIS TAX PERIOD, for which a SINGLE MISSOURI RETURN IS FILED, check Item (6) "yes."

SIGNATURES

An unsigned application, form or schedule is invalid. The taxpayer claiming the remediation tax credits or Brownfield tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date all applicable documents, subject to the penalties or perjury.

**SCHEDULE 447-R INSTRUCTIONS
“BROWNFIELD REDEVELOPMENT PROGRAM APPLICATION FOR CLAIMING
REMEDATION TAX CREDITS”**

These instructions are for guidance only and do not state the complete law.

NOTE: THIS APPLICATION IS TO BE COMPLETED ONLY BY OPERATORS/TAXPAYERS WHO HAVE CONDUCTED VOLUNTARY REMEDIATION ACTIVITIES AT THE ELIGIBLE PROJECT.

THIS APPLICATION MUST BE ATTACHED TO FORM 447 OR 447-A, WHICHEVER IS APPLICABLE, ALONG WITH SCHEDULE EE AND OTHER APPLICABLE SCHEDULES.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS SCHEDULE, AND ANSWER ALL QUESTIONS, OR CERTIFICATION WILL BE DELAYED.

NOTE: COSTS INCURRED PRIOR TO DED’S APPROVAL OF THE AMOUNT OF REMEDIATION TAX CREDITS ARE INELIGIBLE. A LETTER STATING THE APPROVED AMOUNT OF REMEDIATION TAX CREDITS MUST HAVE PREVIOUSLY BEEN PROVIDED FOR THE PROJECT.

TAX PERIOD

Enter the tax period DURING WHICH THE VOLUNTARY REMEDIATION ACTIVITIES WERE PERFORMED. A separate application must be filed each time remediation tax credits are requested.

NAME AND ADDRESS OF THE ELIGIBLE PROJECT

Enter the name of the eligible project. The address must be the Missouri location where the development occurred. P.O. BOXES OR DRAWER NUMBERS ALONE WILL NOT BE ACCEPTED. **DO NOT COMBINE MORE THAN ONE ELIGIBLE PROJECT ON THE SAME FORM. EACH ELIGIBLE PROJECT MUST BE FILED SEPARATELY.**

CREDITS CEASE IF AN ELIGIBLE PROJECT MOVES FROM THE INITIAL QUALIFYING ADDRESS LISTED ON THIS APPLICATION.

IDENTIFICATION NUMBERS

Enter the ownership entity’s, or if necessary, the eligible project’s Federal Identification (FEIN) number, the taxpayer’s FEIN number ONLY IF DIFFERENT, and the necessary Missouri Tax Identification Number.

NOTE: IF THE RETURN IS FILED UNDER ANOTHER FEIN NUMBER AND NAME, ATTACH THE OTHER NAME(S).

REMEDATION COSTS

Enter the amount of expense YOU (person claiming credits) incurred DURING THIS TAX PERIOD under each item listed for performing voluntary remediation activities at THIS ELIGIBLE PROJECT. DO NOT include any costs associated with YOUR RESPONSIBILITY to comply with any local, state or federal environmental requirements, or any remediation costs arising FROM YOUR ONGOING BUSINESS OPERATIONS. List only those costs that YOU HAVE ACTUALLY PAID DURING THIS PERIOD. **COPIES OF PAID INVOICES AND CANCELLED CHECKS MUST BE ATTACHED.**

NOTE: the credits may be taken the year they are earned OR in over a period not to exceed 20 years.

TRANSFERRING CREDIT

The operator of this eligible project facility, may assign, sell, or transfer all or part of the remediation tax credit to any other person(s) (assignee).

Missouri Form 447-T must be completed to transfer the remediation tax credit.

SIGNATURE

An unsigned application, form or schedule is invalid. The taxpayer claiming these tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date all applicable documents, subject to the penalties of perjury.

**SCHEDULE EE INSTRUCTIONS
“BROWNFIELD REDEVELOPMENT PROGRAM:
CERTIFICATION OF ENVIRONMENTAL COMPLIANCE”
To Accompany Applications for Claiming Brownfield Tax Benefits
or Remediation Tax Credits**

'These instructions are for guidance only and do not state the complete law.

NOTE: THIS APPLICATION MUST BE ATTACHED TO ALL APPLICATIONS FILED (Form 447 or Form 447-A, and Schedule 447-R). IT MUST BE COMPLETED BY OPERATORS/TAXPAYERS EACH TIME THE BROWNFIELD TAX BENEFITS OR REMEDIATION TAX CREDITS ARE BEING CLAIMED.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM, ANSWER ALL QUESTIONS AND HAVE THE STATEMENT PROPERLY NOTARIZED, OR CERTIFICATION WILL BE DELAYED.

TAX PERIOD

Enter the tax period for which these tax benefits are being claimed.

NAME AND ADDRESS OF THE ELIGIBLE PROJECT

Enter the name and address of the eligible project facility. The address must be the Missouri location where the development occurred.

IDENTIFICATION NUMBERS

Enter the eligible project facility's Federal Identification (FEIN) number, the taxpayer's FEIN number ONLY IF DIFFERENT, and the facility's Missouri Tax Identification Number.

NOTE: IF THE RETURN IS FILED UNDER ANOTHER FEIN NUMBER AND NAME, ATTACH THE OTHER NAME(S).

FOR BROWNFIELD TAX BENEFITS ONLY (SCHEDULE EE):

NAME OF BUSINESS

Enter the name of the business claiming Brownfield tax benefits.

STATEMENT OF COMPLIANCE

The statement of compliance must be attested to by an authorized representative of the project facility. The name and title of the representative must be legibly printed or typed on the form. The statement MUST be properly notarized.

Attach the completed, signed and notarized Schedule EE to either Form 447, 447-A or Schedule 447-R, whichever is applicable.

FOR BROWNFIELD TAX BENEFITS ONLY (SCHEDULE EE):

SIGNATURE

The taxpayer/operator of the business claiming Brownfield tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date the bottom portion and all applicable documents, subject to the penalties of perjury.

SCHEDULE SS INSTRUCTIONS
“BROWNFIELD REDEVELOPMENT PROGRAM: APPLICATION FOR CLAIMING
BROWNFIELD TAX CREDITS OR REMEDIATION TAX CREDITS”
EMPLOYEES AND INVESTMENT

These instructions are for guidance only and do not state the complete law.

NOTE: THIS SCHEDULE MUST BE ATTACHED TO ALL APPLICATIONS FILED (FORM 447, FORM 447-A, OR SCHEDULE 447-R, AND SCHEDULE EE). IT MUST BE COMPLETED BY TAXPAYERS/OPERATORS EACH PERIOD THE BROWNFIELD TAX BENEFITS OR REMEDIATION TAX CREDITS ARE BEING CLAIMED.

FOR REMEDIATION TAX CREDITS ONLY: SCHEDULE SS WILL ONLY BE USED TO CLAIM REMEDIATION TAX CREDITS PAID PRIOR TO AUGUST 28, 1998. AT LEAST TEN NEW EMPLOYEES OR 25 RETAINED EMPLOYEES MUST BE DOCUMENTED AT THE ELIGIBLE PROJECT SITE. DOCUMENTATION OF EMPLOYEES MUST BE SUBMITTED ON THIS SCHEDULE. FOR REMEDIATION TAX CREDITS ONLY, DO NOT FILL OUT INVESTMENT PORTION OF THIS SCHEDULE.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS SCHEDULE AND ANSWER ALL QUESTIONS, OR THE CERTIFICATION WILL BE DELAYED.

TAX PERIOD

Enter the tax period for which these tax benefits are being claimed.

NAME (ELIGIBLE PROJECT)

Enter the name of the eligible project and the necessary Federal and Missouri tax identification numbers.

NAME (BUSINESS LOCATED AT ELIGIBLE PROJECT)

Enter the name of the business located at the eligible project that is claiming Brownfield tax benefits.

IDENTIFICATION NUMBERS (BUSINESS LOCATED AT ELIGIBLE PROJECT)

Enter the Federal Employer Identification (FEIN) number, the TAXPAYER'S FEIN number ONLY IF DIFFERENT, and the Missouri Tax Identification Number.

COLUMN (X)

Enter EACH month of the operator/taxpayer's TAX PERIOD on Lines (1) through (12), under Column (X). Write or type the first month of the taxpayer's tax period on Line (1) of Column (X), the second month of the taxpayer's tax period on Line (2) of Column (X) and so forth until the last month of the taxpayer's tax period has been entered on Line (12) of Column (X). ENTER ALL TWELVE MONTHS OF A TAX PERIOD UNDER COLUMN (X) EVEN IF THE BUSINESS WAS IN OPERATION LESS THAN TWELVE MONTHS.

COLUMN (A): CURRENT TAX YEAR

Enter the month, day and year END of the current tax period (the tax period for which you are filing) in the space provided below Column (A).

Enter the TOTAL number of full-time persons employed at THIS BUSINESS LOCATED AT THE ELIGIBLE PROJECT OR ELIGIBLE PROJECT on the last work day of EACH calendar month during THIS tax period, on the lines under Column (A) that correspond to the same months entered under Column (X). **INCLUDE ONLY THE PERSONS EMPLOYED FULL-TIME AT THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THE ELIGIBLE PROJECT**, where the development occurred. If the tax period is LESS THAN TWELVE MONTHS, leave the unnecessary months blank and write "SHORT TAX PERIOD."

Include only those persons who are employed by the operator/taxpayer and who work at, or in, or perform duties directly connected with THIS eligible project facility for at least AN AVERAGE of 35 hours per week THROUGHOUT THE TAX PERIOD for which these tax credits are being claimed.

NOTE: CONTRACT EMPLOYEES MAY NOT BE INCLUDED. SELF-EMPLOYED PERSONS, SOLE PROPRIETORS, OWNERS AND OPERATORS, etc., MAY BE INCLUDED REGARDLESS OF WHETHER THEY RECEIVE COMPENSATION FOR THEIR WORK.

Add lines in Column (A) for each FULL CALENDAR MONTH AFTER THE DATE (month, day, year) WHEN the business located at the eligible project or the eligible project was first placed in use (see Form 447, Line (7) for date), and enter the sum on Line (13), Column (A). Divide Line (13), Column (A) by the NUMBER OF FULL CALENDAR MONTHS THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THE ELIGIBLE PROJECT HAS BEEN IN OPERATION and enter the average carried to two decimal places on Line (14), Column (A).

COLUMN (B): BASE TAX YEAR

Enter the month, day and year for the ENTIRE TAX PERIOD ending IMMEDIATELY PRIOR to the tax period when this eligible project or business located at this eligible project was placed in use, in the space provided under Column (B).

IMPORTANT NOTE: COLUMN (B), LINES (1) THROUGH (14), WILL NOT CHANGE DURING THE ENTIRE PERIOD THE BROWNFIELD TAX BENEFITS MAY BE CLAIMED.

Enter the TOTAL number of full-time persons employed at THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THE ELIGIBLE PROJECT on the last work day of EACH calendar month during THE BASE TAX PERIOD (see above paragraph), on the lines under Column (B) that correspond to the same months entered under Column (X). Include only those employees working at least an average of 35 hours per week throughout the entire tax period.

If the tax period was LESS THAN TWELVE MONTHS, leave the unnecessary months blank and write "SHORT TAX PERIOD."

NOTE: NEW facilities enter ZERO. If this eligible project facility REPLACED ANOTHER MISSOURI FACILITY, enter the full-time persons employed at the CLOSED FACILITY.

Add Lines (1) through (12), Column (B) for each FULL CALENDAR MONTH OF OPERATION (usually 12 months), and enter the sum on Line (13), Column (B). Divide Line (13), Column (B), by the number of FULL CALENDAR MONTHS THE BUSINESS WAS IN OPERATION during the tax period, and enter the average carried to two decimal places on Line (14), Column (B).

Subtract Line (14), Column (B) from Line (14), Column (A) and enter the difference carried to two decimal places on Line (15), Column (B).

TRANSFERRED EMPLOYEES

Enter the TOTAL NUMBER OF PERSONS employed by the operator/taxpayer at OTHER FACILITIES IN MISSOURI who were transferred to this business located at an eligible project (or eligible project) on Line (17), Column (B). THIS MUST BE A WHOLE NUMBER AND MUST BE ENTERED EACH YEAR THE

TRANSFERRED EMPLOYEES CONTINUE TO WORK AT THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THIS ELIGIBLE PROJECT.

DO NOT ENTER EMPLOYEES TRANSFERRED FROM ANOTHER MISSOURI FACILITY WHO ARE CURRENTLY EARNING BROWNFIELD TAX CREDITS. DO NOT ENTER TRANSFERRED EMPLOYEES THAT ARE ALREADY LISTED IN COLUMN (B), Lines (1) through (12).

QUALIFIED JOBS

Subtract Line (17), Column (B) from Line (15), Column (B) and enter the difference carried to two decimal places on Line (19), Column (B).

COLUMN (C): CURRENT TAX YEAR

Enter the month, day and year END of the current tax period (the tax period for which you are filing) in the space provided below Column (C). THIS IS THE SAME TAX YEAR END DATE YOU ENTERED BELOW COLUMN A.

Enter the TOTAL amount of LEASED AND OWNED investment IN USE at this BUSINESS LOCATED AT THE ELIGIBLE PROJECT on the last work day of EACH calendar month during THIS tax period, on the lines under Column (C) that correspond to the same months entered under Column (X). **INCLUDE ONLY THE INVESTMENT IN USE AT THIS BUSINESS LOCATED AT THE ELIGIBLE PROJECT. DO NOT INCLUDE “SMALL TOOLS” (PORTABLE/HAND HELD), SUPPLIES OR INVENTORY.**

NOTE: If the taxpayer is filing for LESS THAN A TWELVE-MONTH TAX PERIOD, leave the unnecessary months blank and note “SHORT TAX PERIOD.”

The term “investment” means the ORIGINAL COST of OWNED REAL and PERSONAL property, e.g., land, building, machinery, equipment, furniture, fixtures and other depreciable tangible personal property, BUT NOT INVENTORIES, SUPPLIES, or SMALL TOOLS (portable/hand held) IN USE at this BUSINESS LOCATED AT THE ELIGIBLE PROJECT.

The value of LEASED REAL and PERSONAL properties is determined by multiplying the net ANNUAL (12 MONTHS) rental/lease rate times eight. Net annual rental or lease rate means the annual (12 MONTHS) rental/lease rate paid by the operator/taxpayer, less any rental/lease fees received by the taxpayer from subrentals.

FOR EXAMPLE, if your company RENTS a building and equipment for \$1,000 per month, and OWNS other equipment that ORIGINALLY COST YOU \$30,000, you would enter the MONTHLY rental rate TIMES 8 TIMES 12, \$96,000, PLUS \$30,000, for a total of \$126,000 EACH MONTH that rental rate and that equipment is still IN USE. IF THE RENTAL RATE CHANGES DURING THE YEAR, enter 8 times 12 times the monthly rate for each month the first rate was paid, then switch to 8 times 12 times the new monthly rate for each month the new monthly rate was paid.

If your company RENTS this same building for four months, and then buys the building for \$120,000, you would enter 8 times 12 times the monthly rent for four months (\$96,000); then switch to the original cost (\$120,000) for the remaining months the building was owned.

NOTE: A value MUST be assigned to every item of real or personal property IN USE. For example, if the building is bought or rented at a reduced value (the city rents it to you for \$1.00 per month), you MUST assign a rent value or original cost that reflects the fair market value of that building at that location in that tax period.

ALWAYS MULTIPLY MONTHLY RENT TIMES 12 TIMES 8 regardless of the number of months that rental amount was paid, e.g., if you paid \$1,000 per month for only four months, enter 8 x 12 x \$1,000, or \$96,000, each of those four months.

LIST ONLY PROPERTY IN USE AT THIS BUSINESS AT THE ELIGIBLE PROJECT. DO NOT INCLUDE PORTABLE/HAND HELD TOOLS, SUPPLIES OR INVENTORY.

Add the lines in Column (C) for each FULL CALENDAR MONTH AFTER THE DATE (month, day, year) WHEN this eligible project facility was placed in use (see Form 447, Line (7) for date), and enter the sum on Line (13), Column (C). Divide Line (13), Column (C), by the NUMBER OF FULL CALENDAR MONTHS THIS BUSINESS LOCATED AT THE ELIGIBLE PROJECT WAS IN OPERATION and enter the average rounded to the nearest dollar on Line (14), Column (C).

COLUMN (D): BASE TAX YEAR

Enter the month, day and year for the ENTIRE TAX PERIOD ending IMMEDIATELY PRIOR to the tax period when this business located at the eligible project was placed in use, in the space provided under Column (D).

IMPORTANT NOTE: COLUMN (D), LINES (1) THROUGH (14), WILL NOT CHANGE DURING THE ENTIRE PERIOD THESE TAX BENEFITS MAY BE CLAIMED.

Enter the TOTAL amount of LEASED AND OWNED investment **IN USE** at THIS BUSINESS LOCATED AT THE ELIGIBLE PROJECT on the last work day of EACH calendar month during THE BASE TAX PERIOD (see above paragraph), on the lines under Column (D) that correspond to the same months entered under Column (X). Do not include portable/hand held tools, supplies or inventory.

Include the ORIGINAL COST of OWNED REAL and PERSONAL property, e.g., land, building, machinery, equipment, furniture, fixtures and other depreciable tangible personal property, **BUT NOT INVENTORIES, SMALL TOOLS OR SUPPLIES IN USE** at this business located at the eligible project.

Determine the value of LEASED REAL and PERSONAL properties by multiplying the net ANNUAL (12 MONTHS) rental/lease rate times eight. Net annual rental or lease rate means the annual (12 MONTHS) rental/lease rate paid by the taxpayer, less any rental/lease fees received by the taxpayer from subrentals.

NOTE: A value **MUST** be assigned to every item of real or personal property **IN USE**. For example, if the building is bought or rented at a reduced value (the city rents it to you for \$1.00 per month), you **MUST** assign a rent value or original cost that reflects the fair market value of that building at that location in that tax period.

ALWAYS MULTIPLY MONTHLY RENT TIMES 12 TIMES 8 regardless of the number of months that rental amount was paid, e.g., if you paid \$1,000 per month for only four months, enter $8 \times 12 \times \$1,000$, or \$96,000, each of those four months.

LIST ONLY PROPERTY IN USE AT THIS BUSINESS LOCATED AT THE ELIGIBLE PROJECT. DO NOT INCLUDE PORTABLE/HAND HELD TOOLS, SUPPLIES OR INVENTORY.

NOTE: NEW facilities enter ZERO. If this eligible project facility REPLACED ANOTHER MISSOURI BUSINESS, enter the investment USED at the CLOSED BUSINESS.

Add Lines (1) through (12), Column (D) for each FULL CALENDAR MONTH OF OPERATION (usually 12 months), and enter the sum on Line (13), Column (D). Divide Line (13), Column (D), by the number of FULL CALENDAR MONTHS THE FACILITY WAS IN OPERATION during the tax period, and enter the average rounded to the nearest dollar on Line (14), Column (D).

Subtract Line (14), Column (D) from Line (14), Column (C) and enter the difference rounded to the nearest dollar on Line (16), Column (D).

TRANSFERRED PROPERTY

Enter the TOTAL AMOUNT OF INVESTMENT USED by the operator/taxpayer at OTHER BUSINESSES IN MISSOURI which was transferred to this business located at the eligible project on Line (18), Column (D). THIS NUMBER MUST BE ENTERED EACH YEAR THE TRANSFERRED INVESTMENT IS STILL IN USE AT THIS BUSINESS LOCATED AT THE ELIGIBLE PROJECT.

DO NOT ENTER INVESTMENT TRANSFERRED FROM ANOTHER MISSOURI BUSINESS ON WHICH BROWNFIELD CREDITS ARE CURRENTLY BEING EARNED. DO NOT ENTER TRANSFERRED INVESTMENT THAT IS ALREADY LISTED IN COLUMN (D), Lines (1) through (12).

QUALIFIED INVESTMENT

Subtract Line (18), Column (D) from Line (16), Column (D) and enter the difference rounded to the nearest dollar on Line (20), Column (D).

SIGNATURE

An unsigned application, form or schedule is invalid. The operator/taxpayer claiming these tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date all documents, subject to the penalties of perjury.

**SCHEDULE DD INSTRUCTIONS
“BROWNFIELD REDEVELOPMENT PROGRAM: APPLICATION FOR CLAIMING
BROWNFIELD TAX BENEFITS”
“DIFFICULT TO EMPLOY” EMPLOYEE TAX CREDITS**

These instructions are for guidance only and do not state the complete law.

NOTE: THIS APPLICATION MUST BE COMPLETED IF THE TAXPAYER IS CLAIMING TAX CREDITS FOR EMPLOYEES WHO WERE UNEMPLOYED AT LEAST 90 DAYS PRIOR TO BEING HIRED FOR THE BUSINESS AT THIS ELIGIBLE PROJECT. THIS SCHEDULE MUST BE COMPLETED **EACH YEAR** THE SPECIAL EMPLOYEE TAX CREDITS ARE BEING CLAIMED AND ATTACHED TO FORM 447 OR 447-A, WHICHEVER IS APPLICABLE.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS SCHEDULE, AND ANSWER ALL QUESTIONS, OR CERTIFICATION WILL BE DELAYED.

TAX PERIOD

Enter the tax period for which these tax benefits are being claimed. DO NOT FILE BEFORE THE END OF THE TAX PERIOD. The tax credits are claimed for the year they are earned. A separate Schedule DD must be filed for each tax period these credits are claimed.

NAME OF THE ELIGIBLE PROJECT

Enter the name of the eligible project.

NAME OF THE BUSINESS LOCATED AT THE ELIGIBLE PROJECT

Enter the name of the business applying for these tax benefits.

COMMENCEMENT DATE OF OPERATIONS

Enter the month, day and year the business located at this eligible project INITIALLY QUALIFIED for these credits (see Line 7, Form 447).

NOTE: EMPLOYEES MUST HAVE BEEN HIRED NO EARLIER THAN 3 MONTHS PRIOR TO THIS DATE.

IDENTIFICATION NUMBERS

Enter the business' Federal Employer Identification (FEIN) number, the TAXPAYER'S FEIN number ONLY IF DIFFERENT, and the Missouri Tax Identification Number.

ALPHABETICAL LIST OF SPECIAL EMPLOYEES' NAMES

This list must be ALPHABETICAL BY LAST NAME.

For the purpose of this credit, the employee MUST HAVE BEEN HIRED NO EARLIER THAN THREE MONTHS PRIOR TO THE COMMENCEMENT DATE entered above and on Line (7) of Form 447: THE EMPLOYEE MUST HAVE BEEN HIRED FOR THIS SPECIFIC DEVELOPMENT (OR LATER).

Enter the FULL name of employees meeting the following criteria:

- 1) at the time the employee was hired by you at this business, he/she had been UNEMPLOYED FOR AT LEAST 3 MONTHS; OR
- 2) the employee was hired NO SOONER THAN THREE MONTHS PRIOR to the date when this business started commercial operations (see COMMENCEMENT DATE OF OPERATIONS above); and
- 3) the employee WORKED AT THIS BUSINESS DURING THIS TAX PERIOD; and
- 4) the employee was hired to work FULL TIME, OR an AVERAGE OF 35 HOURS PER WEEK.

EMPLOYMENT DATE

Enter the month, day and year the employee WAS INITIALLY HIRED at this business.

For the purpose of this credit, the employee MUST HAVE BEEN HIRED NO EARLIER THAN THREE MONTHS PRIOR TO THE COMMENCEMENT DATE entered above and on Line (7) of Form 447. **THE EMPLOYEE MUST HAVE BEEN HIRED FOR THIS SPECIFIC DEVELOPMENT (OR LATER).**

SOCIAL SECURITY NUMBER

Enter each special employee's social security number in the space provided.

"DIFFICULT TO EMPLOY"

The term "difficult to employ" means ONLY those employees, who at the time they were hired at this business for the new development, WERE UNEMPLOYED AT LEAST 3 MONTHS. If the employee meets this criteria, enter "yes."

LENGTH OF UNEMPLOYMENT

Enter the SPECIFIC DATES the employee was UNEMPLOYED prior to the time you hired him/her, e.g. "1/1/97-4/1/97": THIS PERIOD MUST BE AT LEAST 3 MONTHS.

VERIFICATION MAY BE REQUIRED.

PERIOD OF EMPLOYMENT

Enter the dates when the employee WORKED AT THE BUSINESS LOCATED AT THIS ELIGIBLE PROJECT DURING THIS TAX PERIOD. Enter the month, day and year the employee BEGAN WORK at this business DURING THIS TAX PERIOD, and the month, day and year the employee ENDED WORKING at this business DURING THIS TAX PERIOD. If the employee worked at this business the entire tax period, enter "1/1/97-12/31/97: for employment dates.

THE EMPLOYEE MAY NOT HAVE BEEN HIRED MORE THAN 3 MONTHS PRIOR TO THE COMMENCEMENT DATE OF OPERATIONS (see date above).

IF THE SPECIFIC DATES (month, day and year) ARE NOT PROVIDED, CREDITS WILL BE REDUCED OR DISALLOWED.

SIGNATURE

An unsigned application, form or schedule is invalid. The operator/taxpayer claiming these tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date all applicable documents, subject to the penalties of perjury.

SCHEDULE CC INSTRUCTIONS
“BROWNFIELD REDEVELOPMENT PROGRAM: APPLICATION FOR CLAIMING
BROWNFIELD TAX BENEFITS OR REMEDIATION TAX CREDITS”
VERIFICATION OF RETAINED EMPLOYEES

These instructions are for guidance only and do not state the complete law.

NOTE: THIS APPLICATION MUST BE COMPLETED **IF THE ANSWER TO QUESTION 6 ON FORM 447 IS “YES,”** AND ATTACHED INITIALLY TO FORM 447 AND OTHER NECESSARY SCHEDULES. SCHEDULE CC MUST BE SUBSEQUENTLY COMPLETED **EACH PERIOD** THE BROWNFIELD TAX BENEFITS ARE BEING CLAIMED AND ATTACHED TO FORM 447-A AND ALL NECESSARY SCHEDULES.

FOR REMEDIATION TAX CREDITS ONLY: SCHEDULE CC WILL ONLY BE USED TO CLAIM REMEDIATION TAX CREDITS PAID PRIOR TO AUGUST 28, 1998. AT LEAST TEN NEW EMPLOYEES OR 25 RETAINED EMPLOYEES MUST BE DOCUMENTED AT THE ELIGIBLE PROJECT SITE. VERIFICATION OF RETAINED EMPLOYEES MUST BE SUBMITTED ON THIS SCHEDULE.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS SCHEDULE, AND ANSWER ALL QUESTIONS, OR CERTIFICATION WILL BE DELAYED.

TAX PERIOD

Enter the tax period for which these tax benefits are being claimed.

NAME OF THE ELIGIBLE PROJECT

Enter the name of the eligible project.

FEDERAL I.D. NUMBER

Enter the Federal Identification (FEIN) number, as reported on Forms 447 or 447-A.

FOR BROWNFIELD TAX BENEFITS:

NAME OF BUSINESS

Enter the name of the business requesting Brownfield tax benefits.

FEDERAL I.D. NUMBER

Enter the business' Federal I.D. number, as reported on Forms 447 or 447-A.

NAME OF EMPLOYEE

Alphabetically enter the LAST NAME, followed by FIRST NAME and MIDDLE INITIAL of each employee who was employed at a business in Missouri SIMILAR to this business located at the eligible project that was operated by the taxpayer or related taxpayer, that CLOSED as a result of opening this business located at the eligible project. “Related taxpayer” means a taxpayer having 50% or more control of the business.

Include only those employees who were employed at this business located at the eligible project **AN AVERAGE OF AT LEAST 35 HOURS EACH WEEK DURING THE TAX PERIOD THESE TAX BENEFITS ARE BEING CLAIMED, AND WHO WORKED AT THIS BUSINESS LOCATED AT THE ELIGIBLE PROJECT ON THE LAST WORK DAY OF EACH MONTH** and who also worked at the closed business **IMMEDIATELY BEFORE THE BUSINESS CLOSED.** List each employee’s last name in alphabetical order below the heading “Name of Employee.” **CONTRACT EMPLOYEES MAY NOT BE**

INCLUDED. SELF-EMPLOYED PERSONS, SOLE PROPRIETORS, OWNERS AND OPERATORS, etc., **MAY BE INCLUDED REGARDLESS OF WHETHER THEY RECEIVE COMPENSATION FOR THEIR WORK.**

SOCIAL SECURITY NUMBER

Enter EACH employee’s nine-digit social security number beside the corresponding employee name under the heading “Social Security Number.”

DATE OF INITIAL EMPLOYMENT

Enter the day, month and year EACH employee was first employed by the taxpayer at the **CLOSED BUSINESS IMMEDIATELY PRIOR** to its closing under the heading “Date of Initial Employment.”

AVERAGE NUMBER HOURS WORKED: CLOSED BUSINESS

Enter the AVERAGE number of hours each employee worked AT THE CLOSED BUSINESS per week during the entire tax period IMMEDIATELY PRECEDING THE QUALIFYING TAX PERIOD.

AVERAGE NUMBER HOURS WORKED: NEW BUSINESS

Enter the AVERAGE number of hours each employee worked AT THE NEW BUSINESS AT THE ELIGIBLE PROJECT per week during the entire tax period for which these credits are being claimed.

SIGNATURE

An unsigned application, form or schedule is invalid. The taxpayer claiming these tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date all applicable documents, subject to the penalties of perjury.

**SCHEDULE MM INSTRUCTIONS
“BROWNFIELD REDEVELOPMENT PROGRAM: APPLICATION
FOR CLAIMING BROWNFIELD TAX BENEFITS”
APPORTIONMENT OF MISSOURI TAXABLE BUSINESS INCOME**

These instructions are for guidance only and do not state the complete law.

NOTE: THIS SCHEDULE MUST BE ATTACHED TO ALL APPLICATIONS FILED (Form 447 or Form 447-A, and Schedule EE). IT MUST BE COMPLETED BY OPERATORS/TAXPAYERS EACH TAX PERIOD THE BROWNFIELD TAX BENEFITS ARE BEING CLAIMED.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM AND ANSWER ALL QUESTIONS, OR THE CERTIFICATION WILL BE DELAYED.

BUSINESS, DEFINED

For the purpose of these credits, the term “business” means “taxpayer” – the corporation, S-corporation, individual proprietorship, partnership, etc., for state income tax purposes (not the individual or shareholder). For example, the business which includes this business located at the eligible project, may also include other Missouri facilities or businesses if ALL these FACILITIES OR BUSINESSES ARE PART OF A SINGLE ENTITY FOR TAX PURPOSES and FILE A SINGLE MISSOURI TAX RETURN. If several facilities or businesses report income on a single tax return, Items 1 and 3 of this Schedule must include all these same facilities or businesses.

TAX PERIOD

Enter the tax period for which these tax benefits are being claimed. A separate Schedule MM must be filed for each tax period. DO NOT FILE BEFORE THE END OF THE TAX PERIOD. The tax credits are claimed for the year they are earned.

NAME (ELIGIBLE PROJECT)

Enter the name of the eligible project.

NAME (BUSINESS LOCATED AT THE ELIGIBLE PROJECT)

Enter the name and address of the business located at the eligible project.

IDENTIFICATION NUMBERS

Enter the Federal Employer Identification (FEIN) number, the TAXPAYER'S FEIN number ONLY IF DIFFERENT, and the Missouri Tax Identification Number.

BUSINESS COMPENSATION (in Missouri)

(Item 1) – On Line (1), enter the total amount of compensation paid to ALL EMPLOYEES of this MISSOURI BUSINESS during THIS ENTIRE TAX PERIOD. "Compensation" means wages, salaries, commissions and any other form of remuneration paid to employees for personal services. Include all compensation to employees of this business in MISSOURI.

COMPENSATION OF BUSINESS LOCATED AT THE ELIGIBLE PROJECT

(Item 2) – On Line (2), enter the total amount of compensation paid to ALL EMPLOYEES at this BUSINESS LOCATED AT THE ELIGIBLE PROJECT, during THIS TAX PERIOD. "Compensation" means wages, salaries, commissions and any other form of remuneration paid to employees for personal services.

Include ONLY THIS ELIGIBLE PROJECT FACILITY'S COMPENSATION.

BUSINESS PROPERTY (in Missouri)

(Item 3) – On Line (3), enter the AVERAGE TOTAL VALUE of all real and depreciable tangible personal property IN USE DURING THIS ENTIRE TAX PERIOD at the facilities or businesses in Missouri that make up this BUSINESS, and for which taxable income (or loss) was reported.

Include the value of land, buildings, machinery, equipment, furniture, fixtures, tools, appliances, and any other tangible personal depreciable property as defined in Internal Revenue Code 167. DO NOT INCLUDE INVENTORIES, SUPPLIES OR PORTABLE/HAND HELD TOOLS.

The property's value is its original cost IF owned, or if LEASED, EIGHT TIMES THE NET ANNUAL (12 months) RENTAL/LEASE RATE of all REAL and DEPRECIABLE TANGIBLE PERSONAL PROPERTY. "Net annual rental rate" means the annual rental/lease rate paid by the taxpayer, less any rental fees received by the taxpayer from subrentals.

The "average" is determined by ADDING the TOTAL VALUE OF PROPERTY IN USE on THE LAST WORK DAY OF EACH MONTH IN THE taxpayer's TAX PERIOD, and DIVIDING that total BY THE TOTAL NUMBER OF MONTHS IN THE TAX PERIOD.

SIGNATURE

An unsigned application, form or schedule is invalid. The operator/taxpayer claiming these tax benefits OR HIS DESIGNEE, AND THE TAX PREPARER, must sign and date all applicable documents, subject to the penalties of perjury.